



STATE OF MISSOURI
MISSOURI ETHICS COMMISSION
EMPLOYMENT APPLICATION

P.O. BOX 1254
JEFFERSON CITY, MISSOURI 65102-1254
(AN EQUAL OPPORTUNITY EMPLOYER)

INSTRUCTIONS					
Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or disability. ALL INFORMATION MUST BE PRINTED OR TYPED			FOR AGENCY USE ONLY		
I. APPLICANT DATA					
NAME (LAST, FIRST, MIDDLE)					
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)					
CITY	STATE	ZIP CODE			
TELEPHONE NUMBERS WHERE YOU CAN BE CONTACTED REGARDING EMPLOYMENT			SOCIAL SECURITY NUMBER -		
OTHER NAMES IN WHICH EMPLOYMENT, MILITARY OR EDUCATION RECORDS MAY BE FOUND			COUNTY AND STATE OF LEGAL RESIDENCE		
II. APPLICANT / POSITION DATA					
POSITION APPLIED FOR				DATE	
I AM SEEKING (CHECK ALL APPLICABLE)					
<input type="checkbox"/> 1. PART-TIME <input type="checkbox"/> 2. FULL-TIME <input type="checkbox"/> 3. TEMPORARY <input type="checkbox"/> 4. PERMANENT <input type="checkbox"/> 5. SUMMER					
MINIMUM SALARY EXPECTED ➡		\$	WHEN CAN YOU START? ➡	DATE	
III. EDUCATION					
HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED) TEST PASSED?			CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
SCHOOL					
LOCATION (CITY AND STATE)					
POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.) IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS OF PAPER					
NAME AND LOCATION		CREDITS EARNED		DEGREE TYPE	MAJOR/MINOR
		QUARTER HOURS	SEMESTER HOURS		
CERTIFICATES/LICENSES					
If you are currently certified, registered, or licensed to practice a profession or occupation, give the following:					
LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/SPECIALIZATION	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUE	EXPIRATION DATE	

**OTHER TRAINING OR CREDENTIALS THAT YOU FEEL WOULD ENHANCE YOUR EMPLOYMENT WITH THIS AGENCY
(COMPUTER TRAINING, ETC.)**

IV. EMPLOYMENT RECORD

- List your work experience, starting with the most recent. If you have more than one job with the same organization, list each separately. The information you give in the "Duties" section is used to determine your qualifications. Incomplete descriptions may result in your not being qualified or in lower ratings.
- To describe additional experience or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW, HOWEVER, MAY BE SUBMITTED AS A SUPPLEMENT.**

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO / YR	TO: MO / YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE ()		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID

REASON FOR LEAVING			
EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS			
KIND OF BUSINESS			
YOUR JOB TITLE			
FROM: MO / YR	TO: MO / YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE ()		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
REASON FOR LEAVING			

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		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
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YOUR JOB TITLE			
FROM: MO / YR	TO: MO / YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE	TELEPHONE		
	()		
MAY WE CONTACT YOUR SUPERVISOR?		TOTAL	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE NUMBER AND TYPE OF WORK THEY DID
<input type="checkbox"/> Yes <input type="checkbox"/> No		100%	

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<input type="checkbox"/> Yes <input type="checkbox"/> No		100%	

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<input type="checkbox"/> Yes <input type="checkbox"/> No		100%	

REASON FOR LEAVING

V. PERSONAL DATA

A. Have you ever been convicted of a felony? ☐ YES ☐ NO

List all such cases in the "Remarks" section and in each case give:

1. The date, court, and county location;
2. The nature (type) of offense or violation (stealing, burglary, etc.);
3. The penalty imposed (disposition)

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

B. Are you authorized to work in the U.S.? ☐ YES ☐ NO

C. Are you willing to travel if position requires it? ☐ YES ☐ NO

REMARKS

VI. REFERENCES

NAME OF INDIVIDUALS OTHER THAN RELATIVES OR SUPERVISORS LISTED ABOVE	STREET / CITY AND STATE	TELEPHONE NUMBER	OCCUPATION
		() -	
		() -	
		() -	

PROBATIONARY SERVICE

All Missouri Ethics Commission employees will serve an initial probationary period of at least six months which can be extended to a maximum of twelve months. During this time, employees will be given the opportunity to demonstrate their ability to perform satisfactorily. The agency may dismiss an employee at any time during the probationary period. Termination during the probationary period *is not* appealable.

CERTIFICATE OF APPLICANT

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, it will be sufficient cause for rejection of my application and/or dismissal from employment. I am also aware that pursuant to RSMo 105.262, a condition of continued employment with the state of Missouri is that employees file all state income tax returns and pay all state income taxes owed.

SIGNATURE OF APPLICANT

DATE

CHECK YOUR APPLICATION! Be sure you have filled it in completely. APPLICATIONS *NOT* SIGNED WILL NOT BE ACCEPTED.

Completed application may be mailed to: Missouri Ethics Commission
Human Resources
PO Box 1254
Jefferson City MO 65102



STATE OF MISSOURI
MISSOURI ETHICS COMMISSION
APPLICATION RELEASE STATEMENT

INSTRUCTIONS: Please sign and date the release statement below to help us expedite the referencing procedure. If there is a problem with us contacting your current employer or any previous employer, please advise us.

I authorize the Missouri Ethics Commission to request and receive responses from references and previous employers concerning my employment history and application for employment with the Missouri Ethics Commission. I understand this information will be used only to evaluate my qualifications for work.

You are hereby authorized to provide the Missouri Ethics Commission with information regarding my past work record. I hereby release you, your company, the Missouri Ethics Commission and all individuals or persons connected herewith from all liability and responsibility arising out of the release, request, receipt or use of such responses and information.

You are authorized to accept a photocopy of this release as if it were the original authorization. This is a personal request from me and your cooperation will be appreciated.

SIGNATURE



DATE